

SERFF Tracking Number: FARM-125612019 State: Arkansas
First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #3010712233 \$50
Company Tracking Number: J2AR080416GLBD1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability Limits of Insurance (D314743)
Project Name/Number: General Liability Limits of Insurance/J-AR-2008-GL-F

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange
Product Name: General Liability Limits of Insurance (D314743) SERFF Tr Num: FARM-125612019 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: #3010712233 \$50
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: J2AR080416GLBD1 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Ernest Prickett Disposition Date: 04/30/2008
Date Submitted: 04/23/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: General Liability Limits of Insurance Status of Filing in Domicile: Pending
Project Number: J-AR-2008-GL-F Domicile Status Comments: Being filed in California
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/30/2008
State Status Changed: 04/30/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Farmers Insurance Group of Companies respectfully submits the following form designed to preclude the stacking of liability limits involving continuous exposure to loss over successive policy periods for our Commercial General Liability program.

<i>SERFF Tracking Number:</i>	<i>FARM-125612019</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmers Insurance Exchange, ...</i>	<i>State Tracking Number:</i>	<i>#3010712233 \$50</i>
<i>Company Tracking Number:</i>	<i>J2AR080416GLBD1</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
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<i>Project Name/Number:</i>	<i>General Liability Limits of Insurance/J-AR-2008-GL-F</i>		

J6354 - 1st Edition – CHANGE TO LIMITS OF INSURANCE. For use with our Commercial General Liability program – This proprietary form was developed to clearly and unambiguously limit total available coverage to one policy by incorporating “policies involved” language to the Limits of Insurance section of the policy contract.

Our effective dates for this form are August 1, 2008 for new business and October 1, 2008 for renewals.

If you have any questions regarding this forms filing, please contact Ernie Prickett at (805) 306-6382, fax number (805) 583-7487 or email Ernie_Prickett@FarmersInsurance.com. Please reference the filing numbers listed on the first page. Your early approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager	Charlene_Hall@farmersinsurance.com
3041 Cochran Street	(805) 306-6648 [Phone]
Simi Valley, CA 93065	

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575892	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: FORM FILING FEE \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$0.00	04/23/2008	
Mid-Century Insurance Company	\$0.00	04/23/2008	
Truck Insurance Exchange	\$0.00	04/23/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3010712233	\$50.00	04/22/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Change to Limits of Insurance	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Change to Limits of Insurance	93-6354 1st Edition	11-07	Endorsement/Amendment/Conditions	New	12.00	J6354101.pdf



FARMERS

J6354
1st Edition

CHANGE TO LIMITS OF INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following provision replaces **SECTION III - LIMITS OF INSURANCE item 1.**

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought;
 - c. Persons or organizations making "claims" or bringing "suits"; or
 - d. Policies involved.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	04/30/2008

Comments:

Attachment:

PCTD1FormGL.pdf


Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR080416GLBD1
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Charlene Hall		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Liability – Line 17.000			
10. Sub-Type of Insurance (Sub-TOI)	Commercial Liability – Line 17.001			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	General Liability			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	August 1, 2008	Renewal:	October 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	April 23, 2008			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR080416GLBD1
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: 3010712233 Amount: \$50.00	
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

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FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	J2AR080416GLBD1			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Change to Limits of Insurance	93-6354 1 st edition 11-07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		